

POSITION	ID NO.	DATE
CLASSIFIER	19	7/7/97
EXAMINER	335	8/19/97
TYPIST	335	9/23/97
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
Final Original	
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SYMBOLS  
 ✓ Rejected  
 - Allowed  
 (Through numeral) Canceled  
 N Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Date
Final Original	
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